

CIPPS SECURITY AUTHORIZATION REQUEST

Box 1 filled out by Agency CIPPS Security Officer

Box 1

Print Name of Agency CIPPS Security Officer

Signature

Date

Requested CIPPS Security Action →
(Circle One)

- 1. New**
- 2. Change**
- 3. Delete**

Requested CIPPS Security Level(s)→
(Circle)

- 1. Update Payroll**
- 2. Update Leave**
- 3. Certification* - includes Display Payroll**
- 4. Display Payroll**
- 5. Display Leave**
- 6. Other - documented on attachment**

***Must be authorized to disburse payroll on
agency signatory form.**

Requested Agency Code(s) _____

Box 2 filled out by CIPPS User

Box 2

**By signing below, I hereby certify that I will not allow another individual to know and/or
utilize my authorized access to CIPPS.**

Print User Name

Social Security Number

Signature

Date

Phone Number

ACF2 Logon ID

Box 3 filled out by DOA Security Coordinator

Box 3

Signatures have been verified and DOA has taken the requested action.

Signature

Date